



# Consumer Assessment to Manage PCA Services

## Introduction

The Personal Care Management (PCM) agency must conduct a written assessment to determine the consumer's ability to manage PCA services independently. This assessment must be completed face-to-face for each new consumer before the submission of the prior-authorization request for PCA services to MassHealth or the Massachusetts Commission for the Blind (MCB).

A full assessment must also be completed during the PA year and at the time of reevaluation if:

- the consumer's medical, cognitive, or emotional condition changes in a way that affects the consumer's ability to manage PCA services independently;
- the consumer is not managing the PCA program effectively as evidenced by the consumer exhibiting a pattern of overutilization, or inappropriate use of PCA services, and not responding to intervention from a skills trainer; or
- at the request of the fiscal intermediary or MassHealth.

For all other reviews, the Review of Consumer Assessment to Manage PCA services form should be completed.

### The result of the Consumer Assessment to Manage PCA Services is a decision that either:

- the consumer can manage PCA services independently; or
- the consumer requires the assistance of a surrogate.

Consumer Name

Date of Birth

Date of Assessment

Name of Assessor

### Reason for Assessment:

- ☐ Initial assessment
- ☐ Change in condition - if checked, describe: \_\_\_\_\_
- ☐ Difficulty managing PCA services
- ☐ Requested by EOHHS or the FI

### Guardianship Status

If the consumer is a minor, or has a court-appointed legal guardian, a surrogate is required.

a. Is the consumer a minor child (under 18 years old)? . . . . . ☐ yes ☐ no

b. Does the consumer have a court-appointed legal guardian? . . . . . ☐ yes ☐ no

If no to both (a) and (b), proceed to Part I, Section 1, Communication and Decision Making.

If yes to (a) or (b), **no further assessment is necessary: a surrogate is required.** Complete (c) and (d) and proceed to Part III, Decision.

c. Print the name of the parent/legal guardian: \_\_\_\_\_

d. Describe the evidence of guardianship: \_\_\_\_\_

## I. Assessment

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### I. Communication and Decision Making

A “yes” response to question (a) or a “no” response to question (b), (c), or (d) indicates that the consumer requires the assistance of a surrogate with communication and decision making.

#### Measures:

- a. Does the consumer demonstrate cognitive/behavioral disabilities that would impair the consumer’s ability to self-direct his or her care? . . . . . ☐ yes ☐ no

If “yes,” list the cognitive/behavioral disability: \_\_\_\_\_

If “yes,” describe how the consumer’s ability to self-direct would be impaired: \_\_\_\_\_

- b. Does the consumer remember important information? . . . . . ☐ yes ☐ no

- c. Can the consumer communicate his or her needs effectively? . . . . . ☐ yes ☐ no

- d. Does the consumer manage his or her own finances? . . . . . ☐ yes ☐ no

#### Result:

- ☐ The consumer does not require the assistance of a surrogate with communication and decision making.
- ☐ The consumer requires the assistance of a surrogate with communication and decision making.

#### Notes and Observations:

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### 2. Knowledge of Disability and Related Conditions

A “no” response to any question indicates that the consumer requires the assistance of a surrogate with knowledge of disability and related conditions.

#### Measures:

- a. Is the consumer able to describe his or her disability and related conditions? . . ☐ yes ☐ no

- b. Is the consumer able to describe a plan to manage medications (schedules and dosages)? . . . . . ☐ yes ☐ no

- c. Is the consumer able to describe the use of any assistive devices or adaptive equipment? . . . . . ☐ yes ☐ no

#### Result:

- ☐ The consumer does not require the assistance of a surrogate to understand his or her disability and related conditions.
- ☐ The consumer requires the assistance of a surrogate to understand his or her conditions.

#### Notes and Observations:

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### 3. Knowledge of Personal Assistance Needs

A “no” response to question (a), (b), (c), or (d) indicates that the consumer requires the assistance of a surrogate to understand personal assistance needs and routines.

#### Measures:

- a. Is the consumer able to describe a routine day and give examples of assistance needed, such as bathing, toileting, and other personal care? . . . . . ☐ yes ☐ no
- b. Can the consumer describe the preferred transfer method? . . . . . ☐ yes ☐ no
- c. Can the consumer describe meal preparation and dietary needs? . . . . . ☐ yes ☐ no
- d. Can the consumer describe housekeeping needs? . . . . . ☐ yes ☐ no

#### Result:

- ☐ The consumer does not require the assistance of a surrogate with knowledge of personal assistance needs.
- ☐ The consumer requires the assistance of a surrogate with knowledge of personal assistance needs.

#### Notes and Observations:

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### 4. Ability to Employ Personal Care Attendants

A “no” response to any question indicates that the consumer requires the assistance of a surrogate to employ personal care attendants.

#### Measures:

- a. Can the consumer describe how to recruit, hire, and schedule a personal care attendant? . . . . . ☐ yes ☐ no
- b. Is the consumer able to describe how to train and supervise a personal care attendant? . . . . . ☐ yes ☐ no
- c. Can the consumer describe the backup plan he or she will use if a personal care attendant is sick or absent? . . . . . ☐ yes ☐ no
- d. Can the consumer complete activity forms correctly? . . . . . ☐ yes ☐ no

#### Result:

- ☐ The consumer does not require the assistance of a surrogate to employ personal care attendants.
- ☐ The consumer requires the assistance of a surrogate to employ personal care attendants.

#### Notes and Observations:

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## II. Assessment Summary

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The consumer needs the assistance of a surrogate in the following areas (check all that apply.)

- ☐ Communication and decision making
- ☐ Understanding of his or her disability and related condition
- ☐ Understanding his or her personal assistance needs and routines
- ☐ Employing personal care attendants

## III. Decision

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### Check one.

- ☐ The consumer is able to independently perform all tasks required to manage the PCA program and does not require the assistance of a surrogate.
- ☐ The consumer requires the assistance of a surrogate to perform some or all of the PCA management tasks that the consumer is unable to perform.

**If the consumer is assessed to require a surrogate, one must be identified for PCA services to commence or continue.**

**If the consumer receives skills training that enable the consumer to independently manage the PCA program, revise this form to reflect any changes.**

## IV. Signatures

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My ability to manage the PCA program has been assessed in person. If I do not agree with the results of this assessment, I must let my PCM agency know. The PCM agency has given me a copy of their process for resolving the disagreement.

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Signature of Consumer or Legal Guardian

Date

Printed Name

I have assessed this consumer's ability to manage the PCA program.

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Signature of Assessor

Date

Printed Name